

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF June Culross		COURT CASE NUMBER 05-40092FDS
DEFENDANT Fallon Clinic, Inc. & Marlene Dodge c/o Baltej S. Maini, MD, President, Resident Agent		TYPE OF PROCESS Summons
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Fallon Clinic, Inc. c/o Baltej S. Maini, MD, President, Resident Agent	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 100 Front Street, Worcester, MA 01608	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
Ilene Titus Attorney At Law 120 Main Street Worcester, MA 01608		Number of parties to be served in this case	2
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(508) 799-8784

 RECEIVED  
 U.S. MARSHALS SERVICE  
 WORCESTER, MA  
 2005 JUN 29 A 11:00  
 6/29/05
**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 038	District to Serve No. 038	Signature of Authorized USMS Deputy or Clerk Ruth E. May	Date 6/29/05
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Allison MacDermid - Secretary

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service 6/29/05	Time 1500 pm
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Signature of U.S. Marshal or Deputy

Cynthia Bohn

Service Fee \$45.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges \$45.00	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

UNITED STATES DISTRICT COURT

Central

District of

Massachusetts

June Culross

Plaintiff

V.

Fallon Clinic, Inc. and  
Marlene Dodge

Defendants

SUMMONS IN A CIVIL ACTION

CASE NUMBER:

**05-40092 FDS**

TO: (Name and address of Defendant) Fallon Clinic, Inc.  
c/o Baltej S. Maini, M.D.  
President, Resident Agent  
100 Front Street  
Worcester, MA 01608

**YOU ARE HEREBY SUMMONED** and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Ilene Titus  
Attorney At Law  
120 Main Street  
Worcester, MA 01608

an answer to the complaint which is served on you with this summons, within \_\_\_\_\_ days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

**SARAH A. THORNTON**

CLERK

(By) *Sarah A. Thornton*  
DEPUTY CLERK

DATE

*June 20, 2005*